

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 0425-1178PUS1	
Application No. 10/525,458-Conf. #3849	Filing Date September 28, 2005	Examiner D. R. Cordray	Art Unit 1731		
Applicant(s): Kazuo KUBOTA et al.					
Invention: PAPER QUALITY IMPROVER					
<b>MS Amendment</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	17	- 20 =	0	x 50.00	0.00
<b>Independent Claims</b>	2	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					120.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
John W. Bailey Attorney Reg. No.: 32,881				Dated: <u>OCT 24 2007</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/525,458-Conf. #3849
		Filing Date	September 28, 2005
		First Named Inventor	Kazuo KUBOTA
		Examiner Name	D. R. Cordray
		Art Unit	1731
TOTAL AMOUNT OF PAYMENT		(\$)	120.00
Attorney Docket No.		0425-1178PUS1	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u>	Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch,</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES			
Fee Description	Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)			50    25
Each independent claim over 3 (including Reissues)			210    105
Multiple dependent claims			370    185
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
17	0	50.00	0.00
HP = highest number of total claims paid for, if greater than 20.			
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
2	0	210.00	0.00
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b> <b>Fee Paid (\$)</b>
	- 100 =	/50 =	(round up to a whole number) x =
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			<b>Fee Paid (\$)</b>
Other (e.g., late filing surcharge): 1251 Extension for response within first month			120.00

<b>SUBMITTED BY</b>			
Signature	Registration No. (Attorney/Agent)	32,881	Telephone (703) 205-8000
Name (Print/Type)	John W. Bailey		Date <u>Oct 2 4 2007</u>